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1 [APPLICATION NO.	FILING DATE		FIRST NAME	INVENTOR	1	A	TORNEY	DOCKET NO.	CONF	FIRMATION NO.
	10/080,503	02/22/2002		Robert I.	Higuchi				0058.UTL1 18001/1082		8671
	TITLE OF INVENTION: TRICYCLIC QUINOLINONE AND TRICYCLIC QUINOLINE ANDROGEN RECEPTOR MODULATOR COMPOUNDS AND METHODS										
l	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICA		PREV.PAIL	ISSUE FI	EE '	TOTAL FEE(S) D	UE	DATE DUE
	nonprovisional	NO	\$1400	\$3	00	:	\$0		\$1700		11/30/2006
[• EXAMINER		ART UNIT	CLASS-SU							
_	CRANE, LAWRENCE E.			514-31	4000						
	1. Change of corresponder CFR 1.363). [] Change of corresponders form PTO/SB [] "Fee Address" ind PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. Fish & Richardson P.C. 2. Stephanie Seidman 3. Frank J. Miskiel									
-	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)										
	Ligand Pharmaceuticals Incorporated San Diego, CA Please check the appropriate assignee category or categories (will not be printed on the patent): individual [X] corporation or other private group entity government										
•	4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [X] Advance Order - # of Copies				4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).						
	5. Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7. []b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
	The Director of the USPT NOTE: The issue Fee and shown by the records of the	O is requested to apply the Issue d Publication Fee (if required) wi he Untied States Patent and Trad	Fee and Publica ill not be accepte emark Office.	tion Fee (if any d from anyone) or to re-app other than th	oly any previo e applicant, a	ously paid registered	issue fee I agent or	to the application; or the assignee	ı identifie or other p	ed above. party in interest as
(Authorized Signature)					(Date)	Date)					
Typed or Printed Name Stephanie Seidman					Registration	n No33,779)				

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